



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of)

ISAO TOMON)

Serial No.: 09/727,961)

Filed: December 1, 2000)

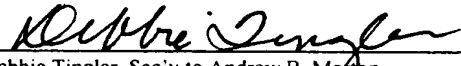
For: IT SYSTEM)

Group Art Unit 3627

O CONNOR, GERALD J., Examiner

Certificate of Mailing

I hereby certify that this correspondence was deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 22nd day of February, 2004.


Debbie Tingler, Sec'y to Andrew B. Morton

TRANSMITTAL SHEET

Enclosed are the following documents:

Amendment (*w/attached Certificate of Mailing*);

Five (5) Sheets of red-ink drawings;

Request for One Month Extension;

Form PTO -1083 (*in duplicate*);

Check in the amount of \$55.00; and

Return Receipt Postcard

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 18-0987.

Respectfully submitted,



Edward G. Greive, Reg. No. 24,726
Andrew B. Morton, Reg. No. 37,400
Renner, Kenner, Greive, Bobak,
Taylor & Weber
First National Tower, Fourth Floor
Akron, Ohio 44308-1456
Telephone: (330) 761-6670
(330) 376-1242

Attorney Docket No: KYO.P0005

In re application of ISAO TOMOIN
 Serial No. 09/727,961
 Filed December 1, 2000
 For IT SYSTEM



COMMISSIONER OF PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-14150

Sir:

Transmitted herewith is a Response to the Office Action in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ Request for One Month Extension of Time

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
Total	7	Minus	- 20	=0
Indep	1	Minus	- 7	=0
<input type="checkbox"/> First Presentation of Mult. Dep. Claim				

Small Entity	
Rate	Addit. Fee
x 9 =	\$
x 42 =	\$
+ 140 =	\$
Total	\$0
Add. Fee	

Other Than A Small Entity	
Rate	Addit. Fee
x 18 =	\$
x 84 =	\$
+ 280 =	\$
OR Totals	\$^

☐ Please charge my Deposit Account No. 18-0987 in the amount of \$ _____. A duplicate copy of this sheet is attached.

☒ A check in the amount of \$ **55.00** is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-0987. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims, in the event sufficient payment is not enclosed.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

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 Andrew B. Morton, Reg. No. 37,400
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 Akron, OH 44308-1456
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